



MN Community Measurement **2018 ANNUAL REPORT**

2018 was marked with continued success on long-standing efforts to collect and share data to inform improvement on cost, quality and patient experience. In addition, MNCM made progress on innovative new endeavors to increase efficiency and find new ways to deliver value to stakeholders in their improvement efforts.

Our major accomplishments for 2018 are presented under four major themes:



Continued excellence in measurement and transparency



Innovation to drive system improvement



Achieving broader impact and engagement



Advancing regional and national alignment

MNCM is pleased to share these highlights of 2018 and looks forward to engaging with the community to continue advancing this work in 2019.

We extend our thanks to the 130 community volunteers who gave of their time, talent, and resources to advance the mission of MNCM in 2018 through service on the MNCM Board of Directors, committees, and work groups. Your active engagement represents a significant contribution and we appreciate your efforts!



Continued Excellence in Measurement and Transparency

➤ **MNCM Reports Redesigned, New Report Series Launched**

MNCM developed new reporting formats and dissemination methods, streamlining the analysis, data display, production and distribution of summary reports. The new approach includes redesign of annual reports (Cost and Utilization, Health Care Quality, Equity, and Disparities reports), and introduces new topical reports that provide an opportunity to draw attention to progress on priority areas such as depression, chronic disease management, and preventive care.

➤ **New Cancer Symptom Management Measures Approved**

In February 2018, MNMCM's Measurement and Reporting Committee (MARC) approved final measure specifications for the MNMCM Cancer Symptom Management measures. These measures are patient reported outcome (PRO) measures related to symptom control during chemotherapy (pain, nausea, and constipation), increasing the likelihood that patients are able to complete their course of cancer treatment. The implementation plan calls for data to be submitted in 2020 for 2019 dates of service.

➤ **New and Retired Measures**

Through its Measure Review Committee, MNMCM annually evaluates which measures remain relevant and important to publicly report to the community and where new opportunities exist to improve patient care and/or align. MNMCM added two new quality measures in 2018 to align with federal programs and/or current preventive care guidelines and NCQA (National Committee for Quality Assurance) accreditation: Immunizations for Adolescents – Combo 2 and Diabetes Eye Exam. MNMCM also added outpatient hospital imaging costs to the Total Cost of Care report to provide more complete price transparency for imaging.

Three measures reported in previous years were retired in 2018 due to either limited room for improvement or undefined targets – Pediatric Overweight Counseling, Maternity Care: C-Section Rate, and Appropriate Treatment for Children with URI. The patient experience of care survey has also been retired.

➤ **Risk Adjustment Enhanced to Account for Socioeconomic Factors**

In 2018, MNMCM implemented a new method for risk adjustment which for the first time incorporates an adjustment for socioeconomic factors. The adjustment is based on the zip code where a patient lives and is computed with data obtained from the U.S. Census Bureau. Incorporating socioeconomic factors into risk adjustment is an important step forward in making sure that measures of outcomes are comparable across providers.

➤ **Enhanced Support for Data Contributors**

MNCM launched a new help desk and knowledge base system for data contributors. The new system allows MNMCM to proactively identify common issues experienced by data contributors to inform system enhancements and user support. The new system also allows data contributors to search the MNMCM knowledge base for answers to common questions. Analytics included in the new system allow MNMCM to easily track response times and other metrics that enable us to improve our services and maximize operational efficiency.

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Innovation to Drive System Improvement

➤ **Process Intelligence Performance Engine (PIPE) Launched to Reduce Burden, Increase Value**

In response to feedback about the burden of data collection, MNMCM evaluated drivers of provider burden and developed a phased plan to streamline quality data submission. The plan includes enhancements to the MNMCM data infrastructure and data submission processes needed to reduce burden, enhance flexibility of measurement, and improve timeliness of submissions and feedback to providers. Eleven sites agreed to participate in piloting MNMCM's new Process Intelligence Performance Engine (PIPE), the new submission process, which will begin in second quarter of 2019.

➤ **MN MCM Explores Opportunities to Support Streamlined Performance Data to Support Value-Based Care**

As payment systems are changing from traditional fee-for-service to value-based payment models, health care providers, health systems, and public and private payers are becoming more reliant on data than ever before to inform their strategies, to achieve goals for value-based care, and to earn financial incentives tied to performance. However, existing mechanisms for sharing data that are needed to improve cost and quality performance are fragmented and lack alignment. This results in duplication of effort and inefficiencies for both payers and providers, and poses a significant challenge for efficient care delivery, population health management, and quality measurement – all factors that are key to success in this new environment.

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In 2018, MNMCM completed a series of interviews with health plans, Medicaid, health systems and medical groups to gather information about potential opportunities to add value for all stakeholders by standardizing and streamlining the flows of data needed for improvement on affordability and quality. In December 2018, the MNMCM Board of Directors approved the establishment of the Common Health Information Reporting Platform (CHIRP) workgroup, which is charged with determining which types of information will be most valuable to include in a common system, along with other requirements that will be necessary for CHIRP to be successful. MNMCM plans to seek community feedback on initial workgroup recommendations in the summer of 2019.



Achieving Broader Impact and Engagement

➤ **MNCM Adopts New Mission, Commitments to Community**

As part of a focus on how MNMCM can strengthen relationships and better engage with the community, the MNMCM Board of Directors adopted a new mission statement and new language articulating MNMCM's commitments to the community. The new mission and commitments emphasize the value of collaboration and MNMCM's role in supporting the community in advancing improvement.

➤ **MNCM Partners with ICSI and Stratis Health to Advance Discussion on Affordability**

In November 2018, MNMCM partnered with the Institute for Clinical Systems Improvement (ICSI) and Stratis Health to host an event focused on advancing affordability in the community. The event, which brought together thought leaders representing the business community, health plans, health systems, consumers, and state government, provided an opportunity to enhance the visibility of MNMCM's work on cost and utilization and highlighted the importance of collaboration to drive progress.



Advancing Regional and National Alignment

➤ **Inclusion of MNMCM Measures in Federal Programs**

Four MNMCM measures were added to Medicare's Merit-based Incentive Payment System (MIPS) for 2019, resulting in a total of 11 MNMCM measures that are now included in the program. MNMCM continues to be known and recognized nationally for its focus on meaningful measures of outcomes rather than processes of care, and particularly for patient-reported outcomes.

➤ **MNCM Actively Engaged in National Measure Alignment Efforts**

MNMCM is participating in the Core Quality Measures Collaborative (CQMC), a national effort that includes Medicare, private payers, primary care and specialty care societies, and consumer and employer groups. The effort promotes measure alignment and harmonization across payers, in order to provide stronger "signal strength" for quality improvement and to reduce reporting burden. MNMCM President Julie Sonier serves on the CQMC Steering Committee, and MNMCM is also actively engaged in CQMC workgroup efforts.

➤ **Colorectal Cancer Screening Measure Aligned Nationally**

For data reported to MNMCM in 2018, MNMCM adapted its Colorectal Cancer Screening measure to align with NCQA's measure. As a result, some preventive service codes and exclusion codes were removed to align this measure with national reporting. This change reduces the burden of data reporting associated with measures that are not aligned.

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